U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	or Official Use Only
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E	Agga M
	13.1

Name Narciso

1. File Number **U** - 9905

3. Name and address of person filing.

Mascarenaz

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

Name NM St. Conference Plasterers & Cement Masons

4. Name, file number, and address of labor organization.

	Labor Organization File Number 037632		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 12012 Morrow Ave. NE	Street 108 General Arnold NE		
City Albuquerque	City Albuquerque		
State New Mexico ZIP Code + 4 87112	State New Mexico ZIP Code + 4 87123		
5. Position in labor organization.			
Enter appropriate data below If, during the past fiscal year, you or your spo	and the second s		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	7.b. Amount.		
City			
State ZIP Code + 4			
process and selection of Sign	nature		
15. Signature and verification. The undersigned declares, under penalty of	Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the		
Signed Harriso Masiarena	On 8/10/2005 505 332-8500		
Justinia o june manginia	Date Telephone Number		
Form LM-30 (2003)	Page 1 of 2		

Name of Person Filing Narciso Mascareñaz	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name NM St. Conf. of Plasterers & Cement Masons Trade Name, if any: OPCMIA Local 254 P.O. Box, Bldg., Room No., if any Street 108 General Arnold NE City Albuquerque State New Mexico ZIP Code + 4 87123 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Plasterers & Cement Pension Trust Fund Trade Name, if any: COMPUSYS INC. P.O. Box, Bldg., Room No., if any PO Box 11399	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. I attended an educational conference for trustees held by The International Foundation of EBP in Lake Tahoe, NV.			
Street 1200 San Pedro NE				
City Albuquerque	11.b. Approximate dollar value of such dealing. \$850			
State New Mexico ZIP Code + 4 87110	12.a. Nature of interest held or income received. I was advanced \$500.00 for expenses. I used \$217.95 for meals and one day lodging. I had been booked for 3 days and the conference lasted 4 days. Upon my return I refunded 282.05 by personal check. The check Number is 3855 from Bank of Albuquerque.			
	12.b. Amount . \$500			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			